

MIPPA Reporting Guidance for HICAPs

September 30, 2014 – September 29, 2017

Important Change	<p>CDA will collect all HICAP performance data directly from the SHARP database. HICAP programs will no longer be required to compile their own MIPPA performance reports.</p> <p>In order for CDA to compile accurate performance data, participating HICAPs must:</p> <ul style="list-style-type: none"> • Ensure all counselors correctly record all MIPPA activities. • Enter all data into SHARP by the 15th of the month following the month of service.
MIPPA Performance Measures	<p>(1) Number of outreach or enrollment activities involving one or more of the following topics: LIS, MSP, Part D, Medicare prevention/wellness benefits.</p> <ul style="list-style-type: none"> • Subset A of (1): <ul style="list-style-type: none"> ✓ Number targeting rural residents. ✓ Number targeting non-rural residents. • Subset B of (1): <ul style="list-style-type: none"> ✓ Number of interactive presentations. ✓ Number of booths or exhibits. ✓ Number of enrollment events. <p>(2) Number of Part D assistance sessions conducted by your HICAP.</p> <p>(3) Number of LIS and MSP applications your HICAP played a direct role in completing and/or submitting.</p>
MIPPA Performance Measure (1)	<p><i>Number of outreach or enrollment activities involving one or more of the following topics: LIS, MSP, Part D, Medicare prevention/wellness benefits.</i></p> <ul style="list-style-type: none"> • CDA will collect this data from the Topic Primary Focus section of the PAM Report. • One or more of the topics circled below <i>must</i> be selected in the PAM form in SHARP for the activity to count.

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<p>Subset A of MIPPA Performance Measure (1)</p>	<p><i>Number of outreach or enrollment activities targeting rural residents and the number targeting non-rural residents.</i></p> <ul style="list-style-type: none"> CDA will collect this data from the Target Audience section of the PAM Report. Check the “Rural” box if a PAM activity takes place in a rural area or targets rural residents. <p><i>Note: If the box is not checked, it will count as non-rural. Each agency should use its own definition of “rural.”</i></p> <table border="1"> <thead> <tr> <th colspan="3">SECTION IV - TARGET AUDIENCE</th> </tr> </thead> <tbody> <tr> <td rowspan="14">CHECK ALL THAT APPLY:</td> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> American Indian or Alaskan Native</td> <td><input type="checkbox"/> Asian Indian</td> </tr> <tr> <td><input type="checkbox"/> Caucasian</td> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Disabled</td> </tr> <tr> <td><input type="checkbox"/> Dual Eligibility Groups</td> <td><input type="checkbox"/> Employer Related Groups</td> <td><input type="checkbox"/> Family Member/Caregiver of Beneficiary</td> </tr> <tr> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Guamanian or Chamorro</td> <td><input type="checkbox"/> Hispanic / Latino</td> </tr> <tr> <td><input type="checkbox"/> Himong</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Korean</td> </tr> <tr> <td><input type="checkbox"/> Low-Income</td> <td><input type="checkbox"/> Medicare Beneficiaries</td> <td><input type="checkbox"/> Medicare Pre-Enrollees</td> </tr> <tr> <td><input type="checkbox"/> Mental Health</td> <td><input type="checkbox"/> Mental Health Professionals</td> <td><input type="checkbox"/> Native Hawaiian</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Other Asian</td> <td><input type="checkbox"/> Other Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Partnership Outreach</td> <td><input type="checkbox"/> Presentations to Groups in Languages other than English</td> <td><input checked="" type="checkbox"/> Rural</td> </tr> <tr> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Social Work Professionals</td> <td><input type="checkbox"/> Some other race or ethnicity</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	SECTION IV - TARGET AUDIENCE			CHECK ALL THAT APPLY:	<input type="checkbox"/> African American	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Disabled	<input type="checkbox"/> Dual Eligibility Groups	<input type="checkbox"/> Employer Related Groups	<input type="checkbox"/> Family Member/Caregiver of Beneficiary	<input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Himong	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Low-Income	<input type="checkbox"/> Medicare Beneficiaries	<input type="checkbox"/> Medicare Pre-Enrollees	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health Professionals	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Partnership Outreach	<input type="checkbox"/> Presentations to Groups in Languages other than English	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Samoan	<input type="checkbox"/> Social Work Professionals	<input type="checkbox"/> Some other race or ethnicity	<input type="checkbox"/> Vietnamese								
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<p>MIPPA Performance Measure (2)</p>	<p><i>Number of Part D assistance sessions conducted by your HICAP.</i></p> <ul style="list-style-type: none"> CDA will collect this information from Part D – Medicare Prescription Drug Coverage in the Intake form under Prescription Drug Coverage view. Select all that apply. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #d9e1f2;">Part D - Medicare Prescription Drug Coverage</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">Benefit Explanation: <input type="checkbox"/></td><td style="width: 50%;">Eligibility/Screening: <input type="checkbox"/></td></tr> <tr> <td>Plan Comparisons: <input type="checkbox"/></td><td>Enrollment/Enrollment Assistance: <input type="checkbox"/></td></tr> <tr> <td>Billings/Claims: <input type="checkbox"/></td><td>Coverage Changes: <input type="checkbox"/></td></tr> <tr> <td>Re-enrollment: <input type="checkbox"/></td><td>Disenrollment: <input type="checkbox"/></td></tr> <tr> <td>TRoOP: <input type="checkbox"/></td><td>Other: <input type="checkbox"/></td></tr> </tbody> </table>	Part D - Medicare Prescription Drug Coverage		Benefit Explanation: <input type="checkbox"/>	Eligibility/Screening: <input type="checkbox"/>	Plan Comparisons: <input type="checkbox"/>	Enrollment/Enrollment Assistance: <input type="checkbox"/>	Billings/Claims: <input type="checkbox"/>	Coverage Changes: <input type="checkbox"/>	Re-enrollment: <input type="checkbox"/>	Disenrollment: <input type="checkbox"/>	TRoOP: <input type="checkbox"/>	Other: <input type="checkbox"/>				
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<p>MIPPA Performance Measure 3</p>	<p><i>Number of LIS and MSP applications your HICAP played a direct role in completing and/or submitting.</i></p> <ul style="list-style-type: none"> CDA will collect this information from the CMS Special Use Fields “1” in the Intake form under Counselor Closing. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #d9e1f2;">Special Use Fields</th> </tr> </thead> <tbody> <tr> <td style="width: 70%;">CMS Special Use Fields: Enter Codes 1 (MIPPA CLIENT 1 2 3):</td><td style="width: 30%;">State/L</td> </tr> </tbody> </table> <p>Key: 1 = Helped client complete or submit an LIS application. 2 = Helped client complete or submit an MSP application. 3 = Helped client complete or submit both applications.</p> <p>Note: Enter <u>one</u> number only – 1, 2 or 3. Do not enter “1, 2” or “1, 2, 3,” etc.</p>	Special Use Fields		CMS Special Use Fields: Enter Codes 1 (MIPPA CLIENT 1 2 3):	State/L												
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